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This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged.

Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). HM (corpsmen) and DT (dental technician) designators are identified in front of their names.

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Headline: DoD prescribes new pharmacy benefit

By Douglas J. Gillert, American Forces Press Service

WASHINGTON -- Rising costs and concerns for patient safety and health have led DoD to redesign its pharmacy system.

Defense health officials already were concerned about inconsistencies in the pharmacy benefit when the General Accounting Office reviewed the system in 1998. The GAO called for a more coordinated system that controls costs and makes prescription drugs safer and more evenly available at military treatment facilities, through the DoD National Mail Order Pharmacy and at retail pharmacies in networks under TRICARE, the defense managed health care plan. Congress then asked DoD to come up with a new system.

"There was a concern that we develop consistency across-the-board in our pharmacy programs," said Mary Gerwin, deputy assistant secretary of defense for health program integration and senior adviser to the defense health chief.

For example, if patients get their prescriptions filled

at military treatment facilities or by mail order, it costs the system less because DoD has access to Federal Ceiling Prices with the drug manufacturers, Gerwin said. "Whereas, if beneficiaries get their drugs at the retail level, it could cost the Military Health System 24 percent to 70 percent more for the exact same drugs."

The problem is further compounded by the lack of standard, system-wide drug availability or formularies. "A drug available at one military treatment facility isn't necessarily carried at another one," she said.

"We've asked Congress for a uniform formulary. These are 'preferred drugs.' Let's say you've got a medication for heart disease, and several drugs provide the same benefits. We want all our pharmacies to carry at least one of those preferred drugs."

Even a preferred drug could lose its effectiveness and potentially cause harm if it interacts with another medication. Since the information systems that control military pharmacies don't directly communicate, patients may get prescription drugs from multiple sources that could cause health risks when they interact, Gerwin said.

"Under the current system, we have no way of knowing if a safety factor is involved, but the new computer system provides a database that consolidates information from different points of service and targets those drug interactions."

For patient convenience and to reduce DoD program costs, the new system also encourages use of the department's mail order pharmacy instead of getting drugs through retail pharmacies.

Although current usage of the mail order system is below 10 percent, Gerwin said patients who do get their drugs through the mail like it. She added that the Department is able to obtain drugs at the Federal Ceiling Pricing for prescriptions filled via NMOP. National Mail Order Pharmacy details are available at TRICARE Service Centers, military treatment facilities and on the TRICARE Web site <http://www.tricare.osd.mil/>.

Beneficiary cost has played a significant role in redesigning the pharmacy system, Gerwin said. "We want to make sure this doesn't end up with additional out-of-pocket costs to beneficiaries," she said. "Although there are co-pays for use of the mail order pharmacy [\$4 for active duty family members, \$8 for retirees], prescriptions are and will continue to be filled free of charge at military treatment facilities."

Included in the redesigned benefit is a pilot program for Medicare-eligible beneficiaries over the age of 65. Currently, they can get their prescriptions filled only at military pharmacies on a space-available basis or at base closure sites where they were given special access to the TRICARE Pharmacy Retail Networks and the National Mail Order Pharmacy program.

"We will randomly select two sites for the pilot that, by

law, can't be near military treatment facilities," Gerwin said. "We expect the demonstration to begin early next year and last three years." Details of this demonstration are now being finalized.

DoD modeled the new pharmacy design on the best business practices of private sector health plans. "We looked at both fee-for-service and managed care systems to see what they are doing," Gerwin said. "We had to eliminate some of the best business practices used by private health care systems because they would unreasonably increase out-of-pocket costs for beneficiaries. The department wants to avoid increasing the costs that service members and their families have to pay for their prescription drugs."

Gerwin said the plan could have saved the government more money by charging for prescriptions filled at military pharmacies. "In the civilian sector, it's unheard of to get drugs free from a hospital pharmacy," she said. "But we believe that's a core part of the benefit we don't want to disrupt. So we didn't go for any changes in the co-pay for drugs obtained at a military hospital pharmacy."

"I think this redesign measures up to the standards of good patient care," she said. "From the managed care standpoint, it will help control costs and maintain high quality."

More information about military pharmacy benefits can be found in the TRICARE Handbook given enrollees in TRICARE Prime and on the Internet at <http://www.tricare.osd.mil/>.

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Headline: Surf the military health system's new Y2K web site
From the TRICARE Management Activity

WASHINGTON -- Come share the Department of Defense Military Health System's (MHS's) success and visit its new Year 2000 (Y2K) web site to learn how the Department achieved 100 percent Y2K compliance of its mission-critical systems by December 1998, when some businesses were only beginning to examine their systems.

The MHS aggressively met timelines to identify, assess, renovate, validate and implement all of its Y2K-affected systems. Now it is time to celebrate and use the Internet to keep beneficiaries abreast of these preparations. The Web site was launched Friday, June 11--long before the dawning of the new millennium.

The Web site contains Y2K fact sheets, press releases, frequently asked questions, Year 2000 news and Y2K-related articles. The site also has links to the Integrated Product Team (the thinkers who ensured that MHS systems are compliant) and is a comprehensive source for the latest information about the MHS and Y2K. For more information visit the web site at <http://www.tricare.osd.mil/y2k/>.

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Headline: Desert doc creates access
By Lt. Rick Haupt, TRICARE Southern California

TWENTYNINE PALMS, Calif. -- Navy Lt. Jeff Sperring, MC, had a problem - getting specialty care for some of his most challenging patients. A pediatrician and primary care manager at the Navy hospital here, he was battling the medical isolation of the Mojave Desert. He needed the assistance of a child psychiatrist to help some of his patients overcome behavioral disorders.

There were none readily accessible, even in the somewhat larger community of Palm Springs some 50 miles away. The closest suitable specialist was at Loma Linda University Medical Center nearly 100 miles away - an inconvenience to his patients and families, to say the least.

Not one to give up easily, Sperring conferred with a colleague who sparked an idea. Why not use telemedicine technology for a virtual visit to a child psychiatrist?

That idea led to an ongoing program, which is viewed with optimism by patients and other providers alike. Every two weeks, children and adolescents from this remote Navy hospital complete a virtual office visit with Capt. Mike Ricciardi, MC, a child psychiatrist at Naval Medical Center San Diego.

The telemedicine portion of the consultation process is simple. "One of our corpsmen sets up the equipment, makes the connection, gets the family oriented in the room, and leaves them there," Sperring said. "The consult proceeds without any extra parties. It's just the patient, family and Dr. Ricciardi."

When the consult is over, Ricciardi faxes Sperring his recommendation for medication and follow-up care by other providers, such as a psychologist or social worker.

Ricciardi also sets his own schedule for his own virtual follow-ups. Yet, Sperring is empowered to make Ricciardi's recommendations a reality and effectively manage each child's care.

"I'm excited that we've now got ready access to a child psychiatrist," said Sperring. "I feel like I'm not so isolated."

The feedback to the young primary care manager is great. In a typical consult, he said, a child would come back from a distant psychiatrist already on new medication days after the consult was performed. Often, the child and patient would have forgotten the important aspects of the consult, and Sperring would be challenged to integrate the psychiatrist's care regimen into the child's overall health care.

The telepsychiatry program has changed that. Now, immediately following their consult, the patient and parents return to Sperring, who manages the appropriate follow-up care.

"The ones we've started on medication have improved," he said. "And that makes for a happier family."

The feedback [from the parents] so far has been pretty good," Sperring said, noting data collected from pre- and post-encounter surveys completed by parents of the patients.

"One of the benefits is trust. They're more comfortable knowing it's a doctor in uniform.

"Many of these families are junior enlisted, with both parents working," he said. "Through this TRICARE program, we're giving them access to a subspecialist without any cost or inconvenience."

The program has limitations, however, particularly with the current low-bandwidth technology in use. "The picture and sound quality are somewhat limiting," Ricciardi said, noting that more bandwidth would be better.

Naval Hospital Twentynine Palms has a high-bandwidth telemedicine suite, but the room in which it is located isn't suitable for child psychiatry interventions. Sperring and others at the hospital are looking into alternatives for relocating the suite.

As a child psychiatrist, Ricciardi needs to cognitively engage his patients to find out what troubles they may be having. With children of ages five to 12, this often includes activities such as playing games and drawing pictures. Telemedicine visits limit his ability to use these types of diagnostic tools.

The telemedicine consults are, however, generally more effective for adolescents aged 13 and up because of his ability to do a majority of the diagnosis effort through face-to-face discussion. Ricciardi noted that the military's unique healthcare organization is a boon to telemedicine consults.

"It serves as an extension of services in the military," he said. "In the civilian community, billing and payment for this type of service would be an issue."

While Sperring and Ricciardi look forward to improving the program, they are also thinking about a possible expansion of services to other military treatment facilities.

Jill Coughlin, who has been facilitating the effort since its inception, looks forward to the opportunity.

"This is definitely an increase in access," said Coughlin, a registered nurse and mental health specialist at the Office of the Lead Agent, TRICARE Southern California. "It provides a great service, better communication [between a PCM and subspecialist] and improved continuity of care."

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Headline: NNMCM children low risk for lead poisoning
By Kevin Sforza, National Naval Medical Center

BETHESDA, Md. - More than 20 years ago, according to the American Academy of Pediatrics, 88 percent of American children one to five years of age had elevated blood lead levels (BLL). The latest study (1991-94) shows that number at 4.4 percent. The lower rate is attributed to removal of lead from paint, gasoline and food cans.

Lt. Paul Reed, MC, a staff pediatrician, says in the five years he's been here, the percentage of elevated BLL in children seen at National Naval Medical Center's Pediatrics

Clinic is zero. Guidelines for lead poisoning are provided by BUMED, the U.S. Department of Health and Human Services, Centers for Disease Control and the American Academy of Pediatrics.

"Our population is low risk. We used to do universal blood screening of children between the ages of 9 and 12 months and again at age two. Blood tests on [more than] 1,000 well-child check-ups of children under two years old were screened for elevated BLL and we had no cases of lead poisoning.

Today, parents are asked to fill out a questionnaire. If any of the answers are yes, the child is tested. Still, no traces of elevated BLL have been found."

Reed also said the scrutinization of local housing for lead paint has made a significant impact. "I don't believe there is any military housing in the National Capital Area with lead paint." It is important, he added, to have a home inspected for lead paint if young children will live there and especially if renovations in the home are planned.

Many older houses, according to Reed, have had coatings of non-lead paint placed over the original lead-based. That doesn't mean, however, a problem can't arise. "Peeling paint, especially around window ledges and door jambs, could make it possible for a child to ingest older lead-based paint."

According to Reed, there is another potential source of lead poisoning -- ceramics and pottery, especially dishware. "The majority is imported but there could be some made in the U.S. These products are not necessarily labeled as containing lead."

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Headline: Jacksonville celebrates World Breast Feeding Week
By Teresa D. White, Naval Hospital Jacksonville

JACKSONVILLE, Fla. -- Naval Hospital Jacksonville recently celebrated its Third Annual Silver Spoon Awards in conjunction with World Breast Feeding Week. This year's theme was "Education for Life."

Silver Spoon Awards were presented to mothers who made the decision to breast-feed, and did so successfully for at least one year.

The award is unique to Naval Hospital Jacksonville mothers, and it is one of many initiatives the hospital has taken to encourage mothers to breast feed their infants.

"The theory behind the spoon is that the baby can go from the breast, straight to the table," said Liz Flight, head of the hospital's lactation program. "They don't have to go to the bottle first. It was an old myth that the baby had to go from the breast to the bottle and then to the table."

Flight is a registered nurse, certified childbirth and lactation educator, and internationally board certified lactation consultant who provides training, breast feeding classes and support to expectant parents at the hospital.

The lactation program is the only of its kind in Navy Medicine and is very successful, according to Flight. Breast feeding rates at the hospital have increased from 50 to 80 percent since the program started in 1997.

"Last year, approximately 30 women received Silver Spoon awards, and this year we had around 50. In 1997, I had to beat the bushes to find 10, so our numbers are continuing to increase," Flight said. "We've seen a significant increase in the number of women who have made the decision to breast feed and we've also seen an increase in the number of mothers who nurse at least six months or more."

The celebration included two mothers who breast-fed triplets and several that breast-fed twins for more than a year. Moms who have breast-fed more than one baby were also awarded an Angel pin.

The American Academy of Pediatrics recommends breast-feeding for at least one year and encourages new mothers to continue as long as mom and baby are comfortable. Flight said that a recent study by an HMO showed that infants who were breast fed for a minimum of six months experienced more than \$1,000 in reduced health care claims than formula fed babies.

Not only does breast feeding appear to make a more healthy baby, it also saves the Navy money with fewer doctor visits. Other positive aspects of breast feeding include less work time missed by parents, and mothers and fathers can be more productive not worrying about a sick baby.

During the awards presentation, a graduation for the hospital's new "Nursing Buddies Program" was also held. The program includes a group of experienced nursing mothers who recently completed a 20-hour training program designed to provide mother-to-mother support.

According to Flight, the Nursing Buddies Program is also unique to Navy Medicine, and was specifically designed for Navy mothers who are often without family because of their military lifestyle.

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Headline: Pensacola schedules excellence in health symposium
From Naval Hospital Pensacola

PENSACOLA, Fla. -- The Third Annual Health Excellence Symposium, co-hosted by Naval Hospital Pensacola, Sacred Heart and Baptist Hospitals and West Florida Regional Medical Center, is now taking reservations through the Naval Hospital's website. The symposium, which will feature Assistant Secretary for Health Affairs, Dr. Sue Bailey, and Gold Medal Olympian, Frank Shorter, will take place November 3-5 in Pensacola, Fla.

The symposium promotes quality of life and prevention of illness through an active partnership with military and civilian communities. The program will focus on incorporating wellness into the workplace and the individual's responsibility for health.

The symposium is primarily for physicians, nurses,

physician assistants, fitness coordinators, dentists, chaplains, teachers, social workers, corpsmen, and anyone interested in improving their health and wellness.

In today's busy world, it is important to both the civilian and military leadership that their personnel maintain a healthy lifestyle. This program is designed to be a centerpiece of strategy in health promotion and to encourage and support individual responsibility and partnership between operational, community and health services.

Applications for professional continuing education credit has been submitted for several disciplines including physicians, nurses, social workers, physical therapists, dentists and dieticians. Between 15 and 19 continuing education credits will be awarded to participants.

Registration is limited to the first 400 applicants. For more information visit the web site at http://psaweb.med.navy.mil/hlth/SYMPOSIUM_99.htm

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Headline: Anthrax question and answer

Question: What are the side effects to the anthrax vaccine?

Answer: As with other vaccinations, pain may occur at the site of injection. Temporary side effects (sore arm, redness, and slight swelling) may occur. The vaccine has been in use since 1970 with no known long-term side effects.

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Headline: TRICARE question and answer

Question: How do TRICARE Service Centers assist beneficiaries?

Answer: TRICARE Service Centers are staffed by health care professional who are there to help beneficiaries get the service that they need. Such as:

- Health Care Finders, who will make appointments and help find specialists when you need them. They also provide names of doctors participating in the TRICARE Extra network, and will help locate doctors who accept Medicare payments for services provided Medicare eligible beneficiaries age 65 and over.

- Beneficiary Services Representatives, who will help explain the options available to you and assist in your choice of the program that suits you best. They can enroll you in TRICARE Prime, assist with the selection of a Primary Care Manager, and help resolve any billing problems.

TRICARE Service Centers also send beneficiaries TRICARE information packages describing the features of each of the TRICARE options and what alternatives are available for each beneficiary category.

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Headline: Heathwatch: Dietary supplements may build better warriors

By Jim Garamone, American Forces Press Service

WASHINGTON -- Science fiction stories often feature "super soldiers" designed to fight in interplanetary wars. These super warriors can survive in all climates and atmospheres. They can go farther, take more pain, have better eyesight and are stronger than ordinary people.

No one in DoD is designing a super soldier, but many are working to give all U.S. service members an edge over any potential adversary. One way to do that is by supplementing their diets.

This is not new, said Harris R. Lieberman, deputy chief of military nutrition and biochemistry at the U.S. Army Research Institute of Environmental Medicine in Natick, Mass. The institute does research for all service branches.

"The military has always looked at ways to improve service members' nutrition," he said. MRE rations deliver about 4,000 calories a day if the service member eats everything on the menus. For one reason or another, however, that often doesn't happen.

"Service members need the calories," Lieberman said. It's no secret carbohydrates provide energy and increase a person's endurance. "But what we've found is, soldiers in combat and other high stress situations just don't eat enough. The problem has always been how to get a supplement to [service members] when they need it." Taste and convenience count.

So Natick researchers at the institute and Army Soldier Systems Center developed the HooAH bar and ERGO drink, Lieberman said. The two are food supplements that will be available this year at many Army bases and could be added to future MRE ration packs.

ERGO, for "Energy Rich Glucose Optimized," is a powdered drink that comes in orange, lemon, lemon-lime, raspberry and tropical punch flavors. Mixed with 12 ounces of water, a serving delivers 170 calories.

HooAH bars weigh 2.3 ounces each and come in cranberry-raspberry, raspberry, chocolate, peanut butter and apple-cinnamon flavors. Depending on the flavor, a bar provides 250 to 290 calories.

Lieberman said the institute proved ERGO enhances a soldier's physical performance. "We did a study with the 75th Rangers at Fort Lewis [Wash.]. We set up a simulated mission," he said. "The Rangers did a road march with full rucksacks and after that a three-mile run."

After the run, the Rangers rested for a few hours and then did another three-mile run. The run time for a group drinking ERGO was 21 minutes 4 seconds. A control group drinking a placebo finished in 22 minutes 15 seconds. "So on average, those with the drink beat the other group by more than a minute," he said.

Rangers also helped the institute test the HooAH bar. Results of the test in Savannah, Ga., aren't back yet, Lieberman said. The HooAH bar is a bit like commercial "power" and "energy" bars, he said, but the researchers are

confident their formula for service members provides a better mix of carbohydrates and other nutrients.

The institute is also studying caffeine supplements. "We're finding it might sharpen mental abilities, but researchers are still examining the data," Lieberman said.

Researchers may develop a caffeine supplement, but if they do, it would be clearly labeled -- as all supplements are. It would not just be added to a current product. "We don't want people who can't sleep because they ate caffeinated rations," he said.

The institute also looked at creatine, an amino acid found naturally in the body and in meat. Many body builders use creatine supplements, he said, and institute testing has found they can significantly increase muscular performance. Little is known about creatine's long-term effects, however.

"I think this needs to be studied further," Lieberman said.

Many people in the United States are supplementing their diets with over-the-counter pills, potions and miracle herbs of the moment. The institute is not examining them, Lieberman said, because researchers are "conservative" about what they introduce into military members' diets. A supplement may be popular and commercially available, but that doesn't make it safe or effective, he noted.

Even though Americans can buy many supplements over the counter, researchers encourage service members to avoid some. Those they believe that need more research include:

- Androstenedione -- This gained notoriety last year when St. Louis Cardinals slugger Mark McGwire said he used it. Androstenedione is related to testosterone and alleged by proponents to help build muscle bulk and strength. A recent small, controlled test reported June 2 in the Journal of the American Medical Association showed no such effects -- though researchers noted some of the male subjects experienced increased female hormone levels in the blood and decreased "good" cholesterol levels. Long-term effects: uncertain.

- Ginseng -- The ginseng root has been a versatile herb in traditional Chinese medicine for thousands of years. Asians call it the "panacea" or "elixir of life." Proponents claim it increases resistance to disease; stimulates and improves the work of brain cells; prevents headaches, fatigue and exhaustion; and stimulates circulation and the functions of the endocrine glands. Verdict: Jury's out.

- Ginkgo biloba -- This herbal product is alleged to improve mental facility and recall and to have beneficial effects on the circulatory system, particularly among the elderly. Studies have shown it can help in treatment of their short-term memory loss, headache, ringing in the ears and depression by improving blood flow in the arteries and capillaries. Verdict: Jury's out.

- Ephedrine -- Prescribed to relieve symptoms of

bronchial asthma, chronic bronchitis, emphysema and other lung diseases, ephedrine is related to amphetamines and sometimes used in diet pills. Both long-term use and over dosage can be toxic, however, and some medical studies have implicated ephedrine and its derivatives in cases of brain hemorrhages and strokes. Ephedrine can be dangerous, and its use is banned or restricted by at least 20 states.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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